



HEALTH ASSESSMENT PREVENTATIVE SERVICES FORMS – GENERAL INFORMATION

Employees enrolled in the health plan are eligible to receive additional dollars in their Health Reimbursement Account (HRA) on an annual basis with completion of the Health Assessment (HA) and preventative routine physical and required screenings, if applicable, and dental exam and cleaning. Health Assessments (HA's) and preventative exams are not required for members to be eligible for the health plan, but are encouraged as the funding of the HRA will be affected by the participation in the Health Assessment and preventative exams. Please see the Benefit Booklet for information on incentive amounts.

All forms are accepted by the City's Onsite Nurse Coach, Nurse Sabrina with Bellin Health. Forms will be accepted beginning October 1st in-person, interoffice (Sabrina has a mailbox at MSC and City Hall 2nd floor), or emailed to nurse@mail.de-pere.org. To receive full HRA funds by January 1st, forms should be turned in by Thanksgiving*. Please keep a copy of the form for your records. Questions regarding form receipt should be directed to Nurse Sabrina in person or at nurse@mail.de-pere.org or to Ashley Heim at Bellin Health at Ashley.Heim@bellin.org or (920) 436-8684.

* Forms received by Nurse Sabrina after Thanksgiving through December 31st will still receive credit but may see a delay in receiving full HRA funds.

Nurse Sabrina is available onsite every Tuesday.
City Hall – Riverview Conference Room: 12:00 – 1:30 p.m.
Municipal Service Center (MSC) – Small Conference Room: 2:00 – 3:00 p.m.

Please note

- ✓ **New for 2020:** A Preventative Dental Services Form will need to be completed **for all participants (employees/spouses)** as the City will no longer obtain reports from the third party dental administrators.
- ✓ A separate form must be completed for each health plan participant (i.e., both employee and spouse, if applicable, must each submit separate forms).
- ✓ **Forms should be received by Nurse Sabrina between October 1st - Thanksgiving.** If forms are received after Thanksgiving, through December 31st, employees will still receive credit but may have a delay in receiving the full HRA credit.
 - The City of De Pere's medical plan allows for one annual preventative/routine physical and mammogram per calendar year – **exams DO NOT need to be scheduled at least 365 days apart.** We encourage scheduling early in the year to avoid a delay in receiving your full HRA funds.



City of De Pere Preventative Dental Services Form



Dental exam requirements for Health Assessment participation

New for 2020: A Preventative Dental Services Form will need to be completed **for all participants (employees/spouses)** as the City will no longer obtain reports from the third party dental administrators.

Employees enrolled in the health plan are eligible to receive additional dollars in their Health Reimbursement Account (HRA) on an annual basis with completion of the Health Assessment (HA) and preventative/routine exams. Please see Benefit Booklet for information on incentive amounts. *(Please note: a separate form must be completed for each health plan participant (i.e., both employee and spouse, if applicable, must each submit separate forms)).*

SECTION 1—TO BE COMPLETED BY DENTAL PLAN PARTICIPANT

Step 1: Please complete all information below:

Employee Name: _____
(Employee who carries plan coverage) (Please Print)

Participant Date of Birth

Participant Name: _____
(Either Employee or Spouse) (Please Print)

____/____/____

I am a (check one box): ☐ Employee Health Plan Participant ☐ Spouse Health Plan Participant

Step 2: Participant Authorization

I authorize my dental care provider's office to complete this document on my behalf in order to show proof that I completed at least one preventative dental service (exam and cleaning) during the current calendar year.

Please sign and date below, and continue to Step 3.

x _____
(Signature)

(Date)

Step 3: Forward or bring this form to your dental care provider for completion, and follow up with them to confirm completion.

SECTION 2—TO BE COMPLETED BY DENTAL PROVIDER'S OFFICE

The Participant shown in Section 1 above has completed at least one (1) preventative dental exam and/or cleaning in 2020.

Date of Service: ____/____/____ (Date of Service must be completed).

Name of Dental Office:

Signature of Provider's Designee:

Name (Please Print)

(Signature)

(Date)

Provider Office: Please keep a copy of this document and send original to participant.

Employee/Participant: All forms will be accepted by the City's Onsite Nurse Coach, Nurse Sabrina with Bellin Health. Forms will be accepted beginning October 1st in-person, interoffice, or emailed to nurse@mail.de-pere.org. To promptly receive full HRA funds, forms should be turned in by Thanksgiving*. Please keep a copy of the form for your records.

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